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January 13, 2005

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MAIL STOP AMENDMENT	703-872-9306	U.S. Patent and Trademark Office Alexandria, VA

Kristin J. Doyle
FROM

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REFERENCE NO

17

PAGES (WITH COVER)

41482/261574

CLIENT/MATTER NO.

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COMMENTS

The U.S. Patent and Trademark Office is asked to acknowledge receipt of the following:

1. Transmittal Form PTO/SB/21
2. Fee Transmittal Form PTO/SB/17
3. Amendment and Response To Office Action

USSN: 09/928,594

Applicants: Talish, et al.

Title: Ultrasonic Treatment for Wounds

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PTO/SB/21 (09-04)


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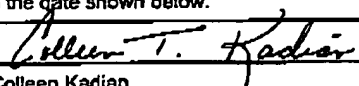
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/928,594
	Filing Date	August 13, 2001
	First Named Inventor	Luiz R. Duarte
	Art Unit	3737
	Examiner Name	Smith, Ruth S.
Total Number of Pages in This Submission	Attorney Docket Number	41482/261574

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	KILPATRICK STOCKTON LLP		
Signature			
Printed Name	Kristin J. Doyle		
Date	April 29, 2005	Reg. No.	44,807

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Colleen Kadian	Date	April 29, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="text-align: center;">FEE TRANSMITTAL for FY 2005</h2>		Complete If Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	08/928,594
		Filing Date	August 13, 2001
		First Named Inventor	Lulz R. Duarte
		Examiner Name	Smith, Ruth S.
		Art Unit	3737
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	41482/281574

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☒ None ☐ Other (please identify) : _____
☒ Deposit Account Deposit Account Number: 11-0855 Deposit Account Name: Kilpatrick Stockton LLP
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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

<u>Fee Description</u>					<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)					50	25
Each independent claim over 3 (including Reissues)					200	100
Multiple dependent claims					360	180
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>		<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
<u>12</u>	<u>-20 or HP=</u>	<u> </u>	x <u> </u>	= <u> </u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.						
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>		<u>Fee Paid (\$)</u>		
<u>2</u>	<u>- 3 or HP=</u>	<u> </u>	x <u> </u>	= <u> </u>		
HP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

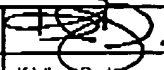
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 =	/ 50 =	(round up to a whole number) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	44,807	Telephone	404-815-6369
Name (Print/Type)	Kristin J. Doyle	Date	April 29, 2005		

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APR 29 2005

Applicants: Luiz R. DUARTE and Roger J. TALISH
Serial No.: 09/928,594 Art Unit: 3737
Filed: August 13, 2001 Examiner: Smith, Ruth S.
For: ULTRASONIC TREATMENT FOR WOUNDS

Attorney Docket No. 41482/261574

MAIL STOP AMENDMENT
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Cellean T. Kadian
Cellean Kadian

AMENDMENT AND RESPONSE TO OFFICE ACTION

Sir:

Responsive to the Office action dated January 31, 2005, Applicants respectfully submit the following amendments and remarks in connection with the above-identified application.

Amendments to Claims begin on page 2 of this paper.

Remarks begin on page 4 of this paper.

Conclusion is on page 14 of this paper.